DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
BOARD OF SCIENTIFIC COUNSELORS (BSC)
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Second Meeting: June 13, 2012
Chamblee Campus, Building 106, Conference Room 8A
Atlanta, Georgia 30341
Chair: Dr. Shrikant Bangdiwala

OPEN TO THE PUBLIC – GENERAL SESSION

Call to Order / Roll Call

Gwendolyn H. Cattledge, Ph.D., M.S.E.H.
Deputy Associate Director for Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Dr. Cattledge called the meeting to order at 11:06 a.m. Eastern Standard Time (EST), thanking everyone for taking time out of their busy schedules to assist NCIPC with an important part of its business—funding grants and cooperative agreements. She then turned the meeting over to Dr. Bangdiwala, who would be chairing the meeting today.

Shrikant I. Bangdiwala, Ph.D., Professor
Collaborative Studies Coordinating Center
Department of Biostatistics
The University of North Carolina at Chapel Hill

Dr. Bangdiwala reported that he had been asked to chair this NCIPC BSC meeting, given that Dr. Fowler was unable to remain for the entire call. He requested a formal roll call for the record to establish quorum. Those present are documented at this end of this report in Appendix A.

Secondary Review: Closed to the Public

Upon establishing a quorum, the meeting was closed to the public in order to proceed with the secondary review. During this session, a secondary review was conducted for the following NCIPC Funding Opportunity Announcements (FOA), following which the meeting was re-opened to the public:

- CE12-002: Research Grants for Preventing Violence and Violence Related Injury
- CE12-003: Identifying Modifiable Protective Factors for Intimate Partner Violence or Sexual Violence Perpetration

OPEN TO THE PUBLIC – GENERAL SESSION

Establishing a Pediatric Traumatic Brain Injury Workgroup

Ms. Kelly Sarmiento
Health Communications Specialist
Division of Injury Response
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Ms. Sarmiento expressed her appreciation for the opportunity to speak with the NCIPC BSC regarding the possibility of establishing a Pediatric Mild Traumatic Brain Injury Workgroup as a subgroup of the BSC. From football to the military, the field of traumatic brain injury (TBI) is expanding exponentially. Because of this, there is an increasing need and interest among policy makers and the medical community for improved clinical management of this injury. NCIPC asked the BSC to consider establishing a Pediatric Mild Traumatic Brain Injury Workgroup with a specific focus on developing a clinical guideline on diagnosis and management of mild TBI for pediatric populations. This workgroup would include at least two persons from the BSC, as well as a group of experts from the field of pediatric TBI. Developing a workgroup under the BSC would facilitate using an Institute of Medicine (IOM)-compliant, evidence-based guideline development process that would include consensus building and voting among the participants. Importantly, setting up a workgroup under the BSC would also create a mechanism to begin work on the project in an efficient and timely manner to ensure that the project is completed within 18 months, which has been recommended by Congressional members. NCIPC has been in contact with the Federal Advisory Committee Act (FACA) group at CDC and were advised that setting up a workgroup under the BSC would be the best mechanism to accomplish these goals.

This guideline is important because children from birth through 4 years of age and 15 through 19 years of age are at greatest risk for sustaining a TBI. In fact, almost half a million children 14 years of age and under are seen in emergency departments each year for TBI alone or in conjunction with other injuries or conditions. In its most recent report on TBI in the United States, NCIPC found a 62% increase in fall-related TBI seen in emergency departments among children 14 years of age and younger. This mirrors a similar trend of a 60% increase in the number of children and adolescents 18 years of age and younger seen in emergency departments for sports- and recreation-related TBIs. In addition to this trend, in just the last three years, over 37 states have passed some form of concussion in sports return to play law that designates that an

appropriate health care professional give permission for an athlete to return to play, placing more of the decision process in the hands of providers. While media attention and rates of children and adolescents seen for TBI in the healthcare setting has expanded significantly, there is limited information available for healthcare professionals specific to diagnosis and management of this injury, and there are currently no up-to-date IOM-compliant guidelines on mild TBI for the pediatric population.

Based on this, CDC's goal is to develop and publish a multi-organizationally endorsed, IOM-compliant clinical guidance on the diagnosis and management of acute mild traumatic brain injury among children and adolescents. The focus is on all causes of mild TBI (e.g., falls, motor vehicle crashes, et cetera). Completing and publishing the guidelines will be the charge of this proposed workgroup. CDC, in collaboration with its partners, will place a strong focus on dissemination, implementation, and evaluation of the guidelines as a follow-up to the guidelines completed by this proposed workgroup.

In terms of the proposed project structure, Step 1 would involve identification of four to six clinical questions. For Step 2, the proposed workgroup would identify and determine parameters for the literature review. A medical librarian will formulate the literature search strategy and execute the search. An abstract review process will be conducted through an on-line platform. Step 3 will involve identifying a chair for the workgroup. The core workgroup will be divided into sub-groups based the clinical questions. During Step 4, the sub-groups will work together to review the literature and begin to determine draft content. CDC proposes hosting an in-person meeting in about 10 to 12 months from the start of the workgroup. Representatives from each of the sub-groups will be asked to attend and bring recommendations from their sub-groups to begin drafting content sections. CDC envisions that all workgroup members participating in the project will receive authorship credit on the guidelines. For Step 5, two rounds of approval are planned for reviewing the manuscript by the full workgroup, as well as gathering and integrating public feedback and peer review. Also anticipated is a report out to the BSC on the project and the proposed draft at this time for comments and recommendations. CDC also plans to build in a process for coordination simultaneous publication of the guidelines by CDC and multiple journals once it is completed.

This will be a rewarding but intensive process. The responsibilities of the members of the workgroup will include working within a collaborative decision-making process; reviewing scientific literature; serving as an active, dedicated participant throughout the approximately 18-month project; and participating in regularly scheduled webinars and conference calls. It is estimated that the workgroup will participate in one conference call per month for the sub-groups and a webinar once per quarter with the full workgroup. The conference calls will average about one to two hours in length. Much of the writing commitment will take place during the two-day in-person meeting. The plan is to complete the clinical questions in July 2012, conduct a literature review between August and October 2012, convene the in-person meeting in Atlanta to begin drafting the recommendations in March or April 2013, and publish the manuscript in February 2014. CDC is committed to keep the process moving efficiently and effectively to stay on schedule. Ms. Sarmiento invited those with questions or interest in participating to contact her via email at **KSarmiento@cdc.gov** by June 25, 2012.

Discussion Points

Dr. Bangdiwala said he thought this was an important and relevant topic. He wondered whether this activity should be done through a subgroup of the BSC, or if there should be some other mechanism.

Dr. Greenspan responded that CDC has explored the possible mechanisms and determined that the best mechanism there is within CDC is a subgroup under the BSC. It needs to be a formal subgroup, and the BSC is already in place. This would expedite the process for CDC. To her this would represent a good use of the BSC. NCIPC has discussed how the BSC can be better engaged in some of its scientific issues, and this is a good example of doing so.

Dr. Borkowski thought this was a wonderful idea. The recent increase in pediatric head injuries calls for this type of action to be taken, and to be taken promptly. He strongly applauded Ms. Sarmiento for organizing a framework within which the subgroup could conduct its work within the 18-month interval.

Dr. Greenspan expressed her appreciation. She indicated that Ms. Sarmiento and others within the Division of Injury Response who are responsible for TBI had brought this issue greater visibility through Heads Up. She sees CDC as taking a leadership role in this issue, and said that they look forward to having the BSC take an active role in the process.

Dr. Eastman seconded Dr. Borkowski's endorsement. Appropriately, there has been a focus on TBI coming out of the war in Iraq and Afghanistan with injured warriors. He thought they had to be careful that it did not eclipse this issue.

Dr. Bangdiwala recommended Dr. Kevin Guskiewicz at the University of North Carolina, who has been pioneering the research on helmets for TBI prevention in football players in elementary through high school.

Dr. Greenspan thanked Dr. Bangdiwala for the referral and indicated that Dr. Gusiewicz is already on CDC's short list. She concurred that he has been in the forefront of work on sports concussion in adolescents and teens.

VOTE: Pediatric Traumatic Brain Injury Workgroup

Dr. Bangdiwala made a motion for the NCIPC BSC to support the creation of a formal Pediatric Traumatic Brain Injury Workgroup. **Dr. Eastman**, seconded the motion. The motion carried unanimously.

Update on Science Activities

Dr. Arlene Greenspan
Office of the Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Dr. Greenspan presented a brief update on NCIPC's science activities, focusing on some of the activities in which the center has been engaged to increase its own visibility. This is NCIPC's 20th anniversary, so a number of events are planned throughout the year to let people know about the good work the center has done within CDC and among its partners. The kickoff was with public health grand rounds that were held in January 2012, which focused on the injury field in general. All of the grand rounds presentations are archived. The next grand rounds presentation will focus on IPV and can be accessed through the CDC website. In 2011, there was a presentation on child maltreatment and there will be a presentation on youth violence in 2013. As a small center, NCIPC has been extremely active in the CDC Public Health Grand Rounds process and has had the most grand rounds of any National Center, despite the fact that it is about the smallest center in the agency. This has really helped to increase NCIPC's visibility within the agency and within the public health community.

Two panels will be convened in the Fall of 2012, one of which will be during the American Public Health Association (APHA) meeting. This will focus on science and practice, so a scientist will be paired with a practitioner to discuss the state of the science and how science is being moved into practice. The second panel, which will be convened at CDC, will focus on bridging the gaps between injury and other areas. For example, one topic will focus on how injury and the long-term effects of injury can affect other areas of health. Individuals within CDC have delivered a variety of presentations in a number of annual meetings. For example, Dr. Degutis will be the keynote speaker for the Governors Highway Safety Association meeting in the fall; Dr. Greenspan will be moderating a panel in June 2012; and Angela Marr, NCIPC's Acting Deputy Director, will be speaking at the National Environmental Health Association meeting, which has created an injury track for NCIPC, which will give the center more visibility.

CDC's Vital Signs™ is published on a monthly basis. Dr. Frieden decides which areas he wants to highlight, and those same areas are repeated every year to show progress. The intent with Vital Signs™ is to highlight areas that need greater visibility and in which there can be greater impact. NCIPC is currently doing three Vital Signs™ (e.g., motor vehicles, childhood injury, and prescription drug overdose. For a small center to have that kind of visibility on a yearly basis is remarkable.

Announcements

The following announcements were made during this session:

- There is an opportunity for public comment on the U.S. Preventive Services Task Force's (USPSTF) draft recommendation statement on screening for IPV for elderly and vulnerable adults. Public comments will be accepted through July 10, 2012. This can be accessed through the Agency for Healthcare Research and Quality (AHRQ) website.

- The National Institute on Minority Health and Health Disparities (NIMHD) is preparing for a national forum on minority health and health disparities scheduled for late October in the Washington, DC area. Their call for abstracts is open until the end of June 2012. It is on the website and has been routed to a number of announcement media. They are keenly interested in a wide range of health issues, including violence and injury prevention issues.

Closing Remarks / Adjournment

In closing, **Dr. Bangdiwala** expressed gratitude for everyone's participation. With no further business posed, he officially adjourned the BSC meeting at 12:34 p.m.

I hereby certify that to the best of my knowledge, the foregoing minutes of the June 13, 2012 NCIPC BSC are accurate and complete:

Date
Gwendolyn H. Cattledge, Ph.D., M.S.E.H.
BSC Executive Secretary

Appendix A: Attendance

Committee Members Present

Shrikant I. Bangdiwala, Ph.D.
Brent Eastman, M.D., F.A.C.S.
Carolyn J. Cumpsty Fowler, Ph.D., M.P.H.
Brent A. Eastman, M.D., F.A.C.S.
David Grossman, M.D., M.P.H.
Lourdes O. Linares, Ph.D.
Fuzhong Li, Ph.D.
Deborah Prothrow-Stith, M.D.
Mark S. Redfern, Ph.D.

Federal Liaisons

Dawn Castillo, M.P.H. (CDC, National Institute for Occupational Safety and Health)
Lisa J. Colpe, Ph.D., M.P.H. (NIH, National Institute of Mental Health)
Elizabeth Edgerton, M.D., M.P.H. (Health Resources and Services Administration)
Iris Mabry-Hernandez, M.D., M.P.H. (Agency for Healthcare Research and Quality)
Lyndon Joseph, Ph.D. (NIH, National Institute on Aging)
Jane L. Pearson, Ph.D.(NIH, National Institute of Mental Health)
Sidney Stahl, PhD (NIH, National Institute on Aging)

CDC Staff Present

Gwendolyn H. Cattledge, Ph.D., M.S.E.H.
Linda C. Degutis, Dr.PH., M.S.N.
Marquisette Glass, M.S., M.P.H.
Arlene Greenspan, Dr.P.H., M.P.H.
Michelle LaLand
Tonia Lindley
Christine Morrison, Ph.D.
Kelly Sarmiento
Tom Simon, Ph.D.
Paul Smutz, Ph.D.

Others Present and Affiliations

Stephanie Henry Wallace, Cambridge Communications (Writer / Editor)